

Preliminary Amendment  
Applicants: Thomas V. Ressemann et al.  
Serial Number: To Be Assigned

Attorney Docket: TER1002USD1

Claims 1, 8, and 9 have been amended above. The amendments to the claims are shown in the attachment enclosed herewith. Claims 1 to 4, 8 to 10, and 22 to 24 will be pending after entry of the amendments above.

Support for the amendments to claims 1, 8, and 9 may be found generally throughout the specification and at page 10, lines 7 to 19.

If any additional fees are due in connection with the filing of this paper, please charge the fees to our Deposit Account No. 16-2312. If a fee is required for an extension of time under 37 C.F.R. § 1.136 not accounted for above, such an extension is requested and the fee should also be charged to our deposit account.

Respectfully submitted, .

Date: 2/7/01

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## ATTACHMENT TO AMENDMENT AND RESPONSE

Amendments to claims with changes marked:

1. (Amended) A prosthetic graft for placement by a single delivery catheter at the bifurcation of a [first vessel into second and third vessels] common iliac artery into external iliac and internal iliac arteries within the vasculature of a patient comprising:

a first graft conduit having first and second ends and first and second stents, the first stent adapted to secure the first end of the first graft conduit within the lumen of the [first vessel] common iliac, the second stent adapted to secure the second end of the first graft conduit within the lumen of the [second vessel] external iliac artery; and

a second graft conduit attached in fluid communication with the first graft conduit, the second graft conduit having a third stent adapted to secure it within the lumen of the [third vessel] internal iliac artery, the first and second graft conduits being sized and configured to be contained within and delivered by the single delivery catheter.

8. (Amended) A prosthetic graft for placement by a single delivery catheter at the bifurcation of a [first vessel into second and third vessels] common iliac artery into [second and third vessels] external and internal iliac arteries within the vasculature of a patient comprising:

a first graft conduit having first and second ends and including a tubular graft component defining a lumen and at least one stent located within the lumen and attached to the graft component, the stent adapted to secure the first end of the first graft conduit within the lumen of the [first

vessel] common iliac artery and the second end of the first graft conduit within the lumen of the [second vessel] external iliac artery; and

a second graft conduit attached in fluid communication with the first graft conduit, the second graft conduit including a tubular graft component defining a lumen and a stent located within the lumen and attached to the graft component and adapted to secure the second graft component within the lumen of the [third vessel] internal iliac artery, the first and second graft conduits being sized and configured to be contained within and delivered by the single delivery catheter.

9. (Amended) A prosthetic graft for placement by a single delivery catheter at the bifurcation of a [first vessel into second and third vessels] common iliac artery into [second and third vessels] external and internal iliac arteries within the vasculature of a patient comprising:

a first leg having first and second leg segments, the first leg segment adapted to be deployed in the lumen of the [first vessel] common iliac artery, the second leg segment adapted to be deployed in the lumen of the [second vessel] external iliac artery; and

a second leg adapted to be deployed in the lumen of the [third vessel] internal iliac artery, whereby the first and second segments of the first leg and the second leg are adapted to be independently deployable within the lumens of the [first, second, and third vessels] common iliac artery, the external iliac artery and the internal iliac artery, the first and second legs being sized and configured to be contained within and delivered by the single delivery catheter.



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RESP. AMDT. B (n.f.)  
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10/28/02

Response Under 37 CFR 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 3738

Docket No. CRD-1005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Thomas V. Ressemann et al.

Serial No. : 09/778,988

Art Unit: 3738

Filed : February 7, 2001

Examiner: Suzette J. Jackson

For : BIFURCATED PROSTHETIC GRAFT

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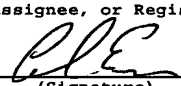
TECHNOLOGY CENTER R3700

October 8, 2002

(Date)

Carl J. Evens

Name of applicant, assignee, or Registered Representative

  
(Signature)

October 8, 2002

(Date of Signature)

Commissioner for Patents  
Washington, D.C. 20231

REPLY

Dear Sir:

In response to the Final Office Action mailed August 14,  
2002, Applicants respectfully request that the following remarks  
be considered and entered into the file.

REMARKS

In response to the Final Office Action mailed August 14, 2002, Applicants request reconsideration in view of the following remarks.

Claims 1-4, 8-10 and 22-24 were rejected as anticipated by U.S. Patent Number 6,322,587 to Quiachon et al. (Quiachon). This rejection is respectfully traversed.

In this Action, the Examiner has indicated that Applicants' arguments filed on May 21, 2002, in response to the Office Action mailed February 28, 2002, were considered, but were not found to be persuasive. In support of this position, the Examiner has indicated that claims 1, 8 and 9 do not mention internal or external iliac arteries.<sup>6</sup> However, Applicants respectfully submit that the Examiner is utilizing the incorrect set of claims for examination. A preliminary amendment was filed along with the / above-referenced specification. Claims 1, 8 and 9 were amended in this preliminary amendment. A copy of the preliminary amendment and the application transmittal are attached.

The present invention, as claimed in amended independent claim 1, is directed to a graft for placement by a single delivery catheter at the bifurcation of a common iliac artery into external and internal iliac arteries. The graft comprises a first graft conduit having first and second stents. The first stent is secured in the common iliac and the second stent is secured in the external iliac. The graft also comprises a second graft conduit having a third stent secured in the internal iliac artery.

The present invention, as claimed in amended independent claim 8, is directed to a graft for placement by a single delivery catheter at the bifurcation of a common iliac artery into external iliac and internal iliac arteries. The graft comprises first and second graft conduits. The first graft conduit having a tubular graft component defining a lumen and at least one stent for securing the first graft conduit within the common iliac artery and the external iliac artery. The second graft conduit having a tubular graft component and a stent for securing the second graft component within the lumen of the internal iliac artery.

The present invention, as claimed in amended independent claim 9, is directed to a graft for placement by a single delivery catheter at the bifurcation of a common iliac artery into external and internal iliac arteries. The graft comprises first and second legs. The first leg having first and second leg segments. The first leg segment deployed in the common iliac artery and the second leg segment deployed in the external iliac artery. The second leg is deployed in the internal iliac artery.

The present invention, as claimed in independent claim 22, is directed to a system which comprises a first bifurcated prosthetic graft having portions adapted to be anchored in the external iliac and internal iliac arteries.

In each of these claims, the devices are sized for the iliac bifurcation.

Quiachon discloses an expandable, collapsible and flexible intraluminal vascular bifurcated graft. The graft comprises a deformable main tubular member which bifurcates into an ipsilateral tubular leg and a contralateral tubular leg. The tubular member and the tubular legs are each formed of a cylindrical or continuous wall allowing for fluid communication. This graft is for use proximate the aortic bifurcation.

Anticipation exists only if all of the elements of the claimed invention are present in a system or method disclosed, expressly or inherently in a single prior art reference. Therefore, if it can be shown that there is one difference between the claimed invention and what is disclosed in the single reference there can be no anticipation.

The bifurcated graft of Quiachon is for use at the aortic bifurcation and sized appropriately. The inventions as claimed in the instant application are for use in the iliac bifurcation and are sized and configured accordingly. Quiachon fails to disclose or even remotely suggest a graft having segments which anchor within the lumens of the internal and external iliac arteries. Accordingly, reconsideration and withdrawal of the rejection is respectfully requested.

Applicants would be grateful for the opportunity to conduct a telephone or in-person interview if the Examiner believes it would be helpful in disposing the present case.

This Reply raises no new issues and places the application in form for allowance. Therefore, entry is proper and earnestly solicited.

Respectfully submitted,



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